



Basic Support for Institutionalizing Child Survival

Madagascar Workplan FY06

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Acronyms & Abbreviations

3TC	Lamivudine
ACNM	American College of Nurse Midwives
ACT	Artemisinin-based Combination Therapy
ACT	Artensunate Combination Therapy
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AIN	<i>Atención Integral a la Niñez</i>
AIN-C	<i>Atención Integral a la Niñez-Comunitario</i>
ANC	Antenatal Care
ANE	Asia Near East
ARI	Acute Respiratory Infection
ARV	Antiretroviral
AZT	Zidovudine
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
BCG	Bacillus of Calmette and Guérin (tuberculosis vaccine)
CA	Cooperating Agency
CAH	Department of Child and Adolescent Health and Development (WHO)
CANAH	Community Action for Nutrition and Health
CB	Community-based
CBGP	Community-based Growth Promotion
CBO	Community-based Organization
CBT	Community-based treatment
CCF	Children's Christian Fund
CDC	Centers for Disease Control
CDD	Control of Diarrheal Disease
CHV	Community Health Volunteer
CHW	Community Health Worker
CIDA	Canadian International Development Agency
C-IMCI	Community-Integrated Management of Childhood Illness
CM	Case Management
CCM	Community Case Management
CORE	Child Survival Collaborations and Resources Group
CRS	Catholic Relief Services
CSN	Child Survival and Nutrition
CS	Child Survival
CSP	Child Survival Partnership
CSTS	Child Survival Technical Support
CTX	Cotrimoxazole
DBS	Dried Blood Spot
DD	Diarrheal Disease
DfID	Department for International Development (United Kingdom)
D-MCI	Drug Management for Childhood Illness
DRC	Democratic Republic of Congo
EBF	Exclusive Breastfeeding
EE	Eastern Europe and Eurasia
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EMRO	Eastern Mediterranean Regional Office
ENA	Essential Nutrition Actions
ENC	Essential Newborn Care
EOC	Essential Obstetric Care
EPI	Expanded Program on Immunization
ESHE	Essential Systems for Health Ethiopia
ET	East Timor

FANTA	Food and Nutrition Technical Assistance
GF	Gates Foundation
GFATM	Global Fund for AIDS, TB and Malaria
GTZ	<i>Gesellschaft für Technische Zusammenarbeit</i> (German development aid agency)
HAI	Health Alliance International
HARP	Health Applied Research Project
HARRT	Highly Active Antiretroviral Therapy
HCP	Health Communications Project (JHU)
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
HNP	Healthy Newborn Partnership
HW	Health Worker
IADB	Inter-American Development Bank
ICDD,B	International Center for Diarrheal Disease, Bangladesh
ICM	International College of Midwives
ICMR	Indian Council of Medical Research
IMCI	Integrated Management of Childhood Illness
INH	Isoniazid
INHP	Integrated Nutrition and Health Program (India)
IPT	Intermittent Preventive Treatment
IPTi	Intermittent Preventive Treatment in Infants
IPTp	Intermittent Preventive Treatment in Pregnancy
IR	Intermediate Result
IRC	International Rescue Committee
ITN	Insecticide Treated Net
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding
JHPIEGO	Johns Hopkins Program for International Education for Gynecology and Obstetrics
JHU	Johns Hopkins University
JSI	John Snow, Inc.
KMC	Kangaroo Mother Care
LAC	Latin America and the Caribbean
LHW	Lady Health Worker
LLN	Long Lasting Net
MAC	Malaria Action Coalition
MADLAC	<i>Monitoreo del Apoyo Directo en Lactancia Materna</i> (breastfeeding monitoring)
MAP	Multi-Country AIDS Program
MCH	Maternal / Child Health
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MNH	Maternal Neonatal Health
MNT	Maternal and Neonatal Tetanus
MOH	Ministry of Health
MOST	Micronutrients Operational Strategies and Technologies
MSF	<i>Médecins sans Frontières</i>
MSH	Management Sciences for Health
MTCT	Mother-to-Child Transmission of HIV/AIDS
NAMRU	Naval Medical Research Unit
NB	Newborn
NGO	Non-Governmental Organization
NIDs	National Immunization Days
NVP	Nevirapine
LBW	Low Birth Weight
OR	Operations Research
ORS	Oral Rehydration Solution

ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PAIN	<i>Paquet d'Activités Intégrées de Nutrition</i> (Essential Nutrition Actions in Senegal)
PATH	Program for Appropriate Technology in Health
PCP	Pneumocystis Jiroveci (formerly P. carinii) Pneumonia
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission of HIV/AIDS
PMV	Patent Medicine Vendor
PNLP	<i>Programme Nationale de Lutte Contre le Paludisme</i>
PNN	Peri/Neonatal
PSI	Population Services International
PVO	Private Voluntary Organization
QA	Quality Assurance
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
RHAP	Regional HIV/AIDS Program (South Africa)
RNA	Ribonucleic Acid
RPM Plus	Rational Pharmaceutical Management Plus
SANRU	<i>Santé Rurale</i> (DR Congo)
SARA	Support for Analysis and Research in Africa
SEARO	Regional Office for South-East Asia (WHO)
SET	Strategic Experience Transfer
SNL	Saving Newborn Lives
SO	Strategic Objective
SOTA	State-of-the-Art
SP	Sulfadoxine-Pyrimethamine
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBC	To be Confirmed
TF	Task Force
TT	Tetanus Toxoid
UN	United Nations
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
WB	World Bank
WG	Working Group
WHO	World Health Organization
WFP	World Food Program
ZIPH	Zambia Integrated Project for Health

Madagascar - Five-Year Progression of Expected Outcomes

Expected Outcomes	Year 1 (FY06)	Year 2 (FY07)	Year 3 (FY08)	Year 4 (FY08)
	Hiring of country director			
Training materials for the use of zinc in diarrhea treatment developed	Training materials developed and tested Qualitative study carried out	BCC materials developed with input from the qualitative study		
Health workers in all health facilities trained in the use of zinc in diarrhea treatment	Training of health workers in all health facilities in three districts	Training of health workers in all districts		
CCM training materials developed and up-to date	CCM training materials integrating treatment of malaria, pneumonia and diarrhea developed	CCM training materials integrating treatment of malaria, pneumonia and diarrhea refined with field feedback	CCM integrated training materials further improved with feedback from the field and CCM manual working group	CCM training updated as needed
CCM health workers trained and supported in at least 1 community per health center in 65% of districts Country has 111 districts	CCM health workers trained in four districts (in at least two regions) including at least two USAID districts, and half of eligible communities as per CCM guidelines	CCM health workers trained in at least 25 districts including at least half of eligible communities as per CCM guidelines	CCM health workers trained in at least 50 districts including at least half of eligible communities as per CCM guidelines	CCM health workers trained in at least 75 districts including at least half of eligible communities as per CCM guidelines
CCM implementation guidelines developed and up-to date	CCM implementation guidelines drafted and used to build region and district capacity to implement CCM activities	CCM implementation guidelines refined with feedback from the field	CCM implementation guidelines further refined with feedback from the field and CCM manual working group	CCM implementation guidelines fully tested and widely used for CCM
National, regional and district health officers of 75 districts out of 111 trained to implement CCM as per CCM guidelines	Appropriate capacity developed for four districts and their regional headquarters per CCM guidelines to support the training and follow up of CCM health workers.	Appropriate capacity developed for at least 25 districts and their regional headquarters per CCM guidelines to support the training and follow up of CCM health workers.	Appropriate capacity building expanded to at least 50 districts and their regional headquarters per CCM guidelines to support training and follow up of CCM health workers	National , regional and district capacity developed to sustain the expansion and adaptation of CCM in at least 75 district the country

Expected Outcomes	Year 1 (FY06)	Year 2 (FY07)	Year 3 (FY08)	Year 4 (FY08)
Champion communities geographic areas of action in line with the delineation of CCC sites for synergistic action	Champion Communities geographic delineation harmonized with CCM site areas in USAID supported districts implementing CCM	Champion Communities geographic delineation harmonized with CCM site areas in all USAID supported districts implementing CCM	Champion Communities geographic delineation harmonized with CCM site areas in all USAID supported districts implementing CCM	
Proper drug storage, dispensing, and stock management at 90% of CCM sites	DMCI methods incorporated into CCM training materials	DMCI methods incorporated into CCM training materials refined with feedback from early periods	DMCI methods incorporated into CCM training materials further refined with feedback from supervision and evaluation	Good drug management practices within CCM
Staff in all health centers implementing CCM trained in drug management in at least 65% of districts Total districts=111	DMCI materials adapted for the training of health centers and district stores managers	Health centers staff trained in DMCI methods in 25 districts implementing CCM	Health centers staff trained in DMCI methods in at least 50 districts implementing CCM	Health centers staff trained in DMCI methods in at least 75 districts implementing CCM
Protocols and training materials for pharmacy depot agents developed and updated		Protocol and materials for improving pharmacy depot agents dispensing skills developed and tested in four districts in collaboration with PSI and RPM+	Protocol and materials for improving pharmacy depot agents dispensing skills further improved with feedback from the field	Protocol and materials for improving pharmacy depot agents dispensing skills further improved with feedback from the field
At least half of pharmacy depot agents trained and supported to properly dispense drugs and refer serious cases in at least 45% of districts		Pharmacy depot agents trained and supported in four districts in collaboration with PSI and RPM+	Pharmacy depot agents trained and supported in 25 districts in collaboration with PSI and RPM+	Pharmacy depot agents trained and supported in 50 districts in collaboration with PSI and RPM+

Expected Outcomes	Year 1 (FY06)	Year 2 (FY07)	Year 3 (FY08)	Year 4 (FY08)
NUTRITION Linking of ONN/ SEECALINE Community Nutrition Workers with community-based treatment of malaria, pneumonia and diarrhea (including zinc treatment for diarrhea).	<p>Explore the interface between the existing nutrition program, formal health systems, and the new CCM program.</p> <p>Create a working model linking community mobilization, advocacy and health education, and referral/follow-up within the nutrition program working areas.</p>	<p>Proposed linkage model introduced in a limited “learning area”.</p>	<p>Linkage model assessed.</p>	<p>Linkage model modified as needed and introduced into all working areas.</p>
	<p>Develop and field test community mobilization/health education tools for introduction into the nutrition program.</p>	<p>Tools introduced in the “learning area” (one district).</p>	<p>Effectiveness of community mobilization/health education tools assessed.</p>	
	<p>Train appropriate nutrition project and MOH training staff for introduction of community mobilization/health education tools for improved recognition of dangers signs, and for CCM.</p>	<p>Training supported with materials, supervision and training assessment.</p> <p>Community mobilization/health education conducted in “learning” district.</p>	<p>Community mobilization/health education efforts assessed.</p>	
	<p>Train appropriate trainers for implementing quality improvement in peripheral health facilities.</p>	<p>Training supported with materials, supervision and training assessment.</p>	<p>Quality of treatment for common childhood illnesses assessed.</p>	

Expected Outcomes	Year 1 (FY06)	Year 2 (FY07)	Year 3 (FY08)	Year 4 (FY08)
Improving the effectiveness of growth promotion activities.	<p>Review existing job aids and counseling materials.</p> <p>Modify job aids and counseling materials (those currently in use, and those created by BASICS for other African countries) as necessary.</p>	<p>New job aids and counseling materials produced and introduced.</p> <p>Training for new materials introduced into refresher and introductory training curricula.</p>		<p>Effectiveness of new and modified job aids and counseling materials assessed.</p>

Madagascar - Narrative Description of Year 1 Activities

BASICS' workplan for community case management, introduction of zinc in the treatment of diarrhea, and integration of nutrition and management of childhood illness will address USAID's Strategic Objective 3: Increased use of key child health and nutrition interventions.

Because of the need for integrated delivery, especially at the community level, pneumonia, diarrhea diseases and malaria treatment will be jointly delivered, and efforts will be made to integrate the "SEECALINE" project's nation-wide cadre of community nutrition workers for effective referral and follow-up, and community-based treatment.

During Year 1, BASICS will support the development and implementation of approaches and tools to introduce community case management of pneumonia, diarrhea diseases and malaria, for the introduction of zinc in the treatment of diarrhea in health facilities, and for improved effectiveness of growth promotion interventions. BASICS working with partners such as RPM+ will continue to build in country capacity at central level by working with a group of nationals from various departments of MOH, training institutions and cooperating partners including NGOs. BASICS will build on experience from successful programs such as the Nepal program, but also on the Senegal and DRC experiences which are close to the Madagascar situation.

BASICS recognizes the important of the health system in the development and support of community based activity. A special effort will be made to support the improvement of health workers performance, and the integration of MOH and SEECALINE activities.

Early on, BASICS will initiate an ongoing dialogue with Santénet, which is implementing the champions community program; the WB, which is supporting the health system; ONN/SEECALINE, which has an extensive network of volunteers; and PSI, which is doing social marketing to link up activities. These organizations are implementing or supporting interventions which synergistic potentials with child health activities.

In order to speed up implementation, BASICS will hire a local staff with IMCI and cIMCI experience who will focus on the interventions.

SO3

Increased use of key child health and nutrition interventions

IR 3.2

Effective approaches to reducing childhood diarrhea disease, malaria and pneumonia morbidity and mortality developed, promoted and adopted

IR 3.3

Increased utilization of key interventions to reduce malnutrition and its contribution to child morbidity and mortality.

Key Year 1 Activities Supporting IR 3.2

Sub IR 3.2.3: Improving care-seeking, management, and appropriate treatment of pneumonia, malaria and diarrhea disease

Pneumonia/ARI, diarrheal disease and malaria are the leading causes of mortality and morbidity in children under five. Yet, worldwide, less than 30% of these children have access to facilities for malaria treatment or rehydration therapy, and less than 40% have access to facilities for ARI treatment. Despite the endorsement by WHO, UNICEF and USAID, the introduction of community-based treatment of pneumonia has been limited. Furthermore, although community-based treatment of malaria had been gaining acceptance in malaria-endemic countries, with the introduction of ACTs (combination therapy), some countries are apparently withdrawing or reconsidering support for CHWs to treat malaria in the community. Without improved access through community-based treatment for pneumonia and diarrhea, the MDGs cannot be reached, and despite proven, effective community interventions, children will die because of their failure to access these interventions. Madagascar is one of the countries in Africa that has chosen to introduce CCM to increase access to treatment for communities living far away from or with difficult access to health facilities. The country has chosen to integrate treatment of pneumonia, malaria, and diarrhea (including the use of zinc) at community level. BASICS has already started working with MOH and partners. This intervention will complement the extensive successful community mobilization.

Activity 1: *In Madagascar with MOH and country partners including NGOs, BASICS will facilitate the finalization of the implementation guide started during a workshop held in Tannarivo from 10-12 October 2005.*

BASICS will continue its work with MOH and its partners including UNICEF, WHO and NGOs on the finalization of the implementation guide. This will be achieved through a workshop with the participation of NGOs and other field representatives particularly from the areas of early implementation. Experience gained from implementation in Senegal and DRC, alongside Nepal experience will be built into the Madagascar process. The program will also benefit from experience emerging from the work on the CCM manual that is spearheaded by BASICS, the CORE group and Save the Children.

Activity 2: *With country partners, adapt and refine existing CB treatment materials for use in early implementation of CB pneumonia, malaria and diarrhea treatment.*

Madagascar has a set of CHWs cIMCI training materials that focus on communication. Some NGOS and PSI have developed some training materials for case management. MOH plans to review CHW cIMCI training materials this year. BASICS will provide TA to include treatment and data collection for CHWs who will be managing cases.

Activity 3: With RPM+, begin to adapt the D-MCI for use in CB treatment programs

As part of their country programs, RPM+ and BASICS will introduce implementation guidelines for the D-MCI following the recent assessment.

Activity 4: Partnering with MOH, World Bank (ONN, SEECALINE), WHO, UNICEF, medical and paramedical training institutions, and NGOS, BASICS will provide TA to support early introduction of CB treatment of pneumonia in at least four districts including with at least two in USAID supported area

Using the guideline and tools developed for CCM implementation, the technical team appointed by the task force to oversee CCM introduction will work with the regional and district staff in selected districts for the early implementation of activities. The first regions and districts will serve as testing grounds for materials and approaches and lessons learned will be used to refine these tools.

This will be carried through workshops at regional levels involving all actors.

Activity 5: Support the adaptation and use of Nepal's data management application for CB data in early districts.

Family planning data are the only CB data currently included in the report of health facilities. CHWs can treat a substantial number of children with pneumonia, diarrhea and malaria. Data generated by CHWs hence play an important role in program monitoring and can be used to improve quality. CHW-generated data can also be used to develop more complete local epidemiological profiles, promote community demand and support advocacy for CB approaches. Considering the importance of collecting and using CB program data, early on in the process BASICS will facilitate the development of an application inspired by the Nepal model to assist in data management. This experience will also contribute toward the development of a generic application with appropriate documentation for easy adaptation in other sites or countries.

Activity 6: Facilitate the development of IEC materials and job aids adapted to CHWs for ARI, CDD (including the use of zinc), and malaria.

As part of the activities to introduce zinc in the treatment of diarrhea, a qualitative study was proposed to study factors related to care seeking for diarrhea and ARI. Results of this study will be used to develop materials and reinforce strategies to increase service utilization during these diseases episodes. This activity should be combined with developing materials for the introduction of zinc in the treatment of DD.

Activity 7: Work with PSI and RPM+ to develop an approach to improve agents of depots de pharmacie knowledge and practice in case management, including recognition of danger signs and referral

PSI is already working with pharmacy depots to ensure availability of their brand products. During our previous trips to Madagascar, we observed that these depots had a wide variety of drugs including antibiotics, were not supervised, and dispensed drugs often based on patients' request. BASICS will provide TA to review the training of depots of agents and develop support mechanism that will improve their case management.

***Activity8:** Collaborate with PSI to develop an approach that will capture data from their marketing approaches related to malaria and DD (e.g.. prepack) for inclusion in the health information system.*

INTRODUCTION OF ZINC

***Activity 1:** Working with the assessment team, BASICS will coordinate the dissemination of the zinc assessment report and the update of the work plan developed in October 2005*

The report of the zinc assessment will be shared and discussed at a workshop during which the plan of action proposed in 2005 will be updated. The report includes an annex on the methodology of the assessment

***Activity 2:** Participate in a qualitative survey on household management of diarrhea and ARI*

Information derived from this formative study will be used to design BCC materials and refine approaches to mobilize communities around these child health conditions. Recognition and management of dehydration as well as recognition of general danger signs will be explored.

***Activity 3:** BASICS will facilitate the development of training curricula for the introduction of zinc*

The task force will develop and test training materials and approaches for the health personnel and CHWs. This will include the methodology for monitoring early implementation. It is anticipated that the university will play a leading role in country for this activity

***Activity 4:** Working with the task force and implementers in selected regions and districts, BASICS will assist in the Introduction of zinc in the treatment of diarrhea at health facility level.*

Using the guidelines and materials developed for the introduction of zinc, the task force will carry out an orientation of trainers at the region/district who will in turn train all health workers in the use of zinc and rehydration for diarrhea diseases.

Key Year 1 Activities Supporting IR 3.3

INTEGRATION OF NUTRITION AND HEALTH INTERVENTIONS, WITH IMPROVED EFFECTIVENESS OF GROWTH PROMOTION.

***Activity 1.** Linking of ONN/SEECALINE Community Nutrition Workers with community-based treatment of malaria, pneumonia and diarrhea (including zinc treatment for diarrhea).*

Madagascar's ONN/SEECALINE project is active in all six regions of the country, through 3,600+ community nutrition sites. A volunteer Community Nutrition Worker (CNW), along with 2-3 "helpers" from mothers' support groups, manages each site and is responsible for a population of roughly 1,100 to 1,400. More than 200 NGOs supervise SEECALINE field activities under contract.

Individual communities "elect" CNWs according to the project's criteria for the post, which are a) female gender, b) literacy, c) experience caring for children, and d) recognized skills for listening and giving advice to women. This nation-wide cadre of CNWs is a potential resource for the introduction of CBT, because of their established relationships with mothers in their communities.

BASICS will assist ONN/SEECALINE and the MOH to promote linkage between community nutrition sites, and the communities they serve, with the local health center. In those communities where CBT is being introduced, BASICS will assist ONN/SEECALINE and the MOH to train NGO "animators" (who supervise CNWs) in CBT methods, and will help ONN/SEECALINE and the MOH to oversee the implementation of CBT through CNWs.

Activity 2. Improving the effectiveness of growth promotion activities.

Reviews of the SEECALINE project indicated that the quality of nutritional counseling for growth promotion has been uneven, and inadequate in some areas. In particular, advice was "too general" and CNWs failed to "negotiate" new child feeding practices with mothers. Monitoring of nutritional status and project activities was another area found to be weak.

BASICS will modify growth promotion job aids and counseling cards it has developed in other African countries and assist the project in developing a training and expansion scheme for their introduction in Madagascar. Similarly, BASICS will modify existing growth promotion project monitoring tools or create new ones as necessary, and assist the project to introduce them.

Madagascar - CCM Timeline for Year 1 Activities

SO3 - Increased use of key child health and nutrition interventions													
IR.2 – Effective approaches to reduce childhood diarrhea disease and pneumonia morbidity and mortality developed, promoted and adopted													
	Year I										Key Persons	Partners	Activity Code
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
Sub IR: Improving care-seeking, management, and appropriate antibiotic treatment of pneumonia													
<i>Activity 1: In Madagascar with MOH and country partners including NGOs, BASICS will facilitate the finalization of the implementation guide.</i>					X						Wansi, Silimperi, Greer, Eric	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs, medical/paramedical training schools	
<i>Study tout to Senegal</i>				X?									
<i>Activity 2. : with country partners, adapt and refine existing CB treatment materials for use in early implementation of CB pneumonia, malaria and diarrhea treatment</i>		X	X	X	X						Wansi, Silimperi, Greer, Eric	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs	
<i>Activity 3. With RPM+, begin to adapt the D-MCI for use in CB treatment programs.</i>		X	X	X							Wansi, Silimperi, Greer, Eric Jane Briggs	UNICEF	
<i>Activity 4. Partnering with MOH, World Bank, WHO, UNICEF, medical and paramedical training institutions, NGOS, BASICS will provide TA to support early introduction of CCM in at least 4 districts</i>						X	X	X	X	X	Wansi, Silimperi, Greer, Eric	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs, medical/paramedical training schools	

SO3 - Increased use of key child health and nutrition interventions													
IR.2 – Effective approaches to reduce childhood diarrhea disease and pneumonia morbidity and mortality developed, promoted and adopted													
	Year I										Key Persons	Partners	Activity Code
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
Sub IR: Improving care-seeking, management, and appropriate antibiotic treatment of pneumonia													
Activity 5. Support the adaptation and use of Nepal's data management application for CB data in early districts								X	X	X	Wansi, Greer, Silimperi, Eric in country STTA		
Activity 6. Facilitate the development of IEC materials and job aids adapted to CHWs for ARI, CDD including zinc and malaria							X	X	X	X	Joan S. Wansi, Eric		
Activity 7. : Work with PSI and RPM+ to develop an approach to improve agents of depots de pharmacie knowledge and practice in case management, including recognition of danger signs and referral									X	X	Greer, Silimperi,	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs RPM+, PSI	
Activity 8. Work with PSI to develop an approach that will capture data from their marketing approaches related to malaria and DD (e.g.. prepack) for inclusion in the health information system.									X	X	Greer Wansi, Eric Silimperi	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs RPM+, PSI	

Madagascar - ZINC Timeline for Year 1 Activities

SO3 - Increased use of key child health and nutrition interventions													
IR.2 – Effective approaches to reduce childhood diarrhea disease morbidity and mortality developed, promoted and adopted													
	Year I										Key Persons	Partners	Activity Code
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
Sub IR: Increasing use of zinc in diarrhea treatment													
Activity 1: : Working with the assessment team, BASICS will coordinate the dissemination of the zinc assessment report and the update of the work plan developed in October 2005				X	X						Wansi, Eric Silimperi	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs RPM+, PSI	
Activity 2: Participate in a qualitative survey on household management of diarrhea and ARI.						X					Wansi, Eric Silimperi	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs RPM+, PSI	
Activity 3: BASICS will facilitate the development of training curricula for the introduction of zinc				X	X						Wansi, Eric Silimperi	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs RPM+, PSI	
Activity 4: : working with the task force and implementers in selected regions and districts, BASICS will assist in the Introduction of zinc in the treatment of diarrhea at health facility level.						X	X	X	X	X	Wansi, Eric Silimperi	UNICEF, WHO , RPM, SantéNet, WB, ONN, NGOs RPM+, PSI	

SO3 - Increased use of key child health and nutrition interventions													
IR.3 – Increased utilization of key interventions to reduce malnutrition and its contribution to child morbidity and mortality.													
	Year I										Key Persons	Partners	Activity Code
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
Activity 1: <i>Linking of ONN/SEECALINE Community Nutrition Workers with community-based treatment of malaria, pneumonia and diarrhea (including zinc treatment for diarrhea)</i>		X	X	X	X	X	X	X	X	X	Schaetzel, Wansi, STTA, Silimperi	ONN (World Bank), UNICEF, WHO , RPM, SantéNet, NGOs RPM+, PSI	
Activity 2. <i>Improving the effectiveness of growth promotion activities.</i>						X	X	X	X	X	Schaetzel, STTA, Silimperi	ONN (World Bank), NGOs UNICEF, RPM, SantéNet, RPM+, PSI	

Madagascar - Year 1 HQ Staff and Consultant Visits

	No. Trips	Avg. Length	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep

Madagascar - Illustrative Activities for Year 2

Community case management

- Annual review of the intervention
- Ongoing monitoring and adaptation of the implementation process and tools
- Expansion to more districts
- Revolving quarterly meetings among implementing districts
- Utilization of data at district and community level

Zinc in the treatment of diarrhea diseases

- Review of the implementation
- Adjustment of materials and approaches
- Expansion to other regions

Integration of nutrition and health interventions, with improved effectiveness of growth promotion.

Assessment of monitoring data (service delivery and nutritional status), and a) modification of tools to improve use for project management, b) modification of training to improve counseling/implementation of growth promotion (as needed).

Assessment of effect of additional CNW responsibilities for CBT on quality of nutritional services, with modification of duties or sharing of duties with helpers as necessary.

Evaluation of nutritional impact of integration of community-based management of child illness with growth promotion intervention.

